

FILED

OCT 31 2014

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

TERESA L. DEPPNER, CLERK
U.S. District Court
Southern District of West Virginia

THOMAS RAY III

11265-088

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 2:14-cv-27457
(Number to be assigned by Court)

MADonna PurseLusm-united states MARSHAL

DR Steven Wolf (medical Director USMS)

United States MARSHAL'S Service

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes ~~____~~

No X

TD

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county);

3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: MADonna Purse
 is employed as: United States MARSHAL
 at 300 VIRGINIA ST EAST CHARLESTON WV 25301

D. Additional defendants: DR Steven Wolf
USMS Medical Director
③ United States MARSHAL Service

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

See ATTACHments ① CCDC 2 Pages ② SCRT
2 Pages ③ NNRT 4 Pages ④ How I got Supra Public
CATHeter 2 Pages ⑤ Cover Sheet 2 Pages

IV. Statement of Claim (continued):

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I Want 2 Be financially ComPosited for THE
Torture, mistreatment, CRUEL AND UNUSUAL
Punishment AND LACK OF MEDICAL CARE I WAS
forced 2 sustain while IN THE custody
AND care of THE USMS AND under THERE
Direction

② Also Want 2 Be Reimbursed for HOSPITAL Bill
from ST MARY'S while IN USM custody
Feb 5-2013

V. Relief (continued)):

AND I WOULD LIKE A PROPER AND HONEST
INVESTIGATION 2 BE DONE ON WHAT HAPPENED 2
ME (SOMEONE COMES AND TALKS 2 ME AND LET ME
PROVIDE THEM WITH FACTS AND PROOF)

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

N/A

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____

No X

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons: NO I DID NOT CONTACT A LAWYER
ABOUT THIS BUT I HAVE BEEN CONTACTED BY SEVERAL ATTORNEYS
WANTING 2 FILE THIS FOR ME.

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____

No X

If so, state the lawyer's name and address:

Signed this 04 day of 11, 2014.

TSB / THOMAS RAY III

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10-1-14
(Date)

TSB / THOMAS RAY III
Signature of Movant/Plaintiff

Signature of Attorney
(if any)